

The Role of Loss of Meaning in the Pursuit of Treatment for Posttraumatic Stress Disorder

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Clinical observation and theory suggest that people who have difficulty coping with their exposure to traumatic events often experience a loss of meaning to their lives. This article examines the contribution of loss of meaning to seeking help from clergy and/or mental health providers. Results support the hypotheses that veterans who have suffered a greater loss of meaning are more likely to seek help from clergy and from VA mental health professionals. We suggest that veterans who seek help from clergy are particularly desirous of achieving a restoration of meaning that is specific to their loss, and that this quest sustains a continued pursuit of mental health treatment, especially among those who seek help from the VA.

In a recent study, we examined the association of Vietnam veterans' reports of a change in the strength of their religious faith during military service with their use of services from the Department of Veterans Affairs' (VA) specialized treatment programs for posttraumatic stress disorder (PTSD; Fontana & Rosenheck, 2004). Structural equation modeling suggested that weakened religious faith contributed directly to more extensive use of VA mental health services independently of guilt, nature of traumatic exposure, severity of PTSD symptoms, or level of social functioning. We suggested in that study that the connection between the weakening of veterans' religious faith and their pursuit of intensive VA mental health services signified, at least in part, a search for restoration of meaning and purpose to life, and that greater involvement of the clergy in VA treatment programs for war-related PTSD might help address this need; however, these suggestions could not be tested empirically because

specific data regarding loss of meaning or seeking help from clergy were not available. Fortunately, these suggestions can be tested empirically with data from the National Vietnam Veterans Readjustment Study (NVVRS; Kulka et al., 1990). The NVVRS contains specific information about loss of meaning and about seeking help from clergy as well as mental health professionals.

Loss of meaning in the present study corresponds closely to Janoff-Bulman's (1992) conception of jeopardizing the assumption of the meaningfulness of the world. According to her schema, predictability and control are the primary dimensions of meaningfulness. The NVVRS includes proxy measures for both of these dimensions. Within this conceptual framework, then, loss of meaning represents the shattering of a fundamental assumption about the nature of the world. As Janoff-Bulman (1992) noted, the psychological basis for having a sense of personal control has its counterpart in the religious realm through the "belief in a God who rewards a moral existence..." (p. 11). Existential issues, therefore, are intimately connected to concerns about the meaningfulness of the world. In this study, we consider loss of meaning to be a parallel concept to the weakening of religious faith.

As suggested by the previous study (Fontana & Rosenheck, 2004), we hypothesize first that among Vietnam theater veterans (Vietnam theater veterans are

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those who served in Vietnam or its surrounding waters or airspace between 1964 and 1975; Kulka et al., 1990), those who report a high loss of meaning as a result of their Vietnam experiences will be more likely to seek help from clergy than will veterans who do not report a high loss of meaning. Second, we hypothesize that veterans who report a high loss of meaning will be more likely to seek help from VA mental health professionals than will those who do not. This second hypothesis is based on the special mission of the VA as both the federal government's primary health provider for veterans and as a public monument that honors their military service. Third, we hypothesize that among the subsample of veterans who seek help from VA mental health professionals, those who report a high loss of meaning will be more likely to also seek help from clergy than will veterans who do not report a high loss of meaning. This hypothesis is based on earlier findings (Fontana & Rosenheck, 2004) that veterans with a high loss of religious faith pursued more mental health services from the VA than others. On an exploratory basis, we also examined this same hypothesis among the subsample of veterans who sought help from non-VA professionals.

Method

Participants

The NVVRS includes a national sample of 1,198 male Vietnam theater veterans who were selected from a computerized military-personnel registry. The participant sample for the present study consisted of the 1,168 veterans who provided data on the study variables. Of these, 138 reported that they had sought help for emotional or psychological problems from clergy whereas 1,030 had not. A total of 267 participants of the sample reported having sought help from either VA ($n = 125$) or solely non-VA ($n = 142$) mental health professionals. Among this subsample, 73 had sought help for emotional or psychological problems from clergy as well whereas 194 had not.

Veterans averaged 41.5 ($SD = 5.3$) years of age, with 13.4 ($SD = 2.4$) years of education. Seventy-one percent were currently married. Ethnically, 49% were White, 27% were African American, 23% were Latino, and 1% were of other ethnicity. Twenty-seven percent exceeded the cut score of 89 for PTSD on the Mississippi Scale (Keane, Caddell, & Taylor, 1988).

Measures

Clergy were defined as priests, ministers, or rabbis. Further, veterans' attendance at religious services

was assessed by individual items in three ways: (a) dichotomously as ever having attended after age 18 (84%), (b) as the frequency of "usual" attendance ($M = 3.21$, $SD = 2.05$, range = 1 [*never*] to 7 [*more than once a week*]), and (c) as the frequency of attendance during the past month specifically ($M = 1.88$, $SD = 1.33$, range = 1 [*not at all*] to 6 [*every day*]). Mental health professionals were defined as psychiatrists, psychologists, social workers, or counselors who provided services for emotional or psychological problems in private practice or in a clinic, health center, or hospital.

Seven 5-point items (1 = *did not experience* to 5 = *very unpleasant*) were selected for their consistency with Janoff-Bulman's (1992) concept of meaningfulness, and they comprised the loss of meaning scale ($M = 24.45$, $SD = 6.30$, range = 7–35, $\alpha = .86$). Predictability items were a sense of purposelessness and not knowing what was really going on during military service in Vietnam. A lack of control was represented by three items: not counting as an individual, loss of freedom of movement, and lack of privacy. Two items represented features of both dimensions: feeling that the Vietnamese did not want us there and feeling out of touch with the rest of the world. The distribution of loss of meaning scores was split as close as possible to the median, placing 630 (54%) veterans in the high loss of meaning group and 538 (46%) in the low loss of meaning group.

Data Analysis

The analyses were conducted using chi-square tests of the relationships between loss of meaning (high vs. low) on one hand and use of clerical (*yes vs. no*) and mental health services (*yes vs. no*) on the other.

Results

Chi-square analyses showed that veterans reporting a high loss of meaning were more likely to seek help from clergy (15%) than veterans reporting a low loss of meaning (8%), $\chi^2(1, N = 1,168) = 12.99$, $p < .001$. Further, among veterans seeking help from mental health professionals, veterans reporting a high loss of meaning were more likely to seek help from VA mental health professionals (54%) than from non-VA mental health professionals (35%), $\chi^2(1, N = 267) = 9.12$, $p < .01$. Finally, among veterans seeking help from VA mental health professionals specifically, veterans reporting a high loss of meaning also were more likely to seek help from clergy (28%) than those reporting a low loss of meaning (12%),

$\chi^2(1, N = 126) = 4.13, p < .05$. The effect was not significant among veterans seeking help from non-VA mental health professionals, $\chi^2(1, N = 141) = 1.70, ns.$

Discussion

It is widely held from clinical observation and theory that one of the most pervasive experiences faced by persons who have difficulty with trauma is the loss of meaning in their lives (e.g., Calhoun & Tedeschi, 1999; Decker, 1993; Janoff-Bulman, 1992; Lifton, 1988). Victims/survivors often turn to religion as a source of spiritual support and to clergy more specifically because dealing with existential issues at the personal level is the specific expertise of their profession (Batson, Schoenrade, & Ventis, 1993; Falsetti, Resick, & Davis, 2003; Pargament, 1997). Of particular relevance to mental health professionals is the impact of patients' existential concerns on their pursuit of mental health services.

Data from this study indicate that those who had suffered a greater loss of meaning from their war experiences were more likely to seek help from clergy than those who suffered a lesser loss of meaning. It appears that veterans who seek help from clergy are particularly desirous of achieving a restoration of meaning that is specific to their loss. In the present study, veterans who reported a high loss of meaning and who sought help from the VA were more likely to seek help from clergy as well. We suggest that this quest for meaning sustains a continued pursuit of mental health treatment, especially among those who seek help from the VA. This suggestion is supported by the finding from our earlier study that veterans who experienced a loss of religious faith while in the military participate in more treatment sessions than veterans who did not experience a similar loss (Fontana & Rosenheck, 2004).

Although a definitive recommendation must wait on the results of further research involving clinical outcomes and patient satisfaction, the results of these two studies are suggestive that greater consideration be given to addressing existential questions in the treatment of PTSD. Pastoral counseling is the professional specialty that focuses most specifically on existential issues. One possible intervention would be to have greater involvement of hospital chaplains in PTSD treatment programs. A complementary direction would be to address a wider range of existential issues in traditional psychotherapy (Yalom, 1980). If the latter alternative were to be pursued, however, it is important to be aware of some special sensitivity and/or training that the inclusion of existential issues would entail for nonclerical therapists.

Several writers have cautioned that existential matters cannot be treated as just one other content domain to be addressed like any other (e.g., Calhoun & Tedeschi, 1999; Decker, 1995). Many of the difficulties faced by therapists with respect to veterans' wishes to discuss existential issues parallel those posed by veterans' wishes to discuss participation in atrocities (Haley, 1974). Haley noted that atrocities are "illegitimate" war activities that carry justifiable moral consequences. As such, the stress responses they generate cannot be understood in the same way as "neurotic" responses to "legitimate" war activities. She argued that therapists need to employ a different model of treatment to deal with these experiences. Similarly, existential questions differ qualitatively from questions of interpersonal and social dysfunction in that resolution of existential questions requires examination of the bases for moral judgments. This examination frequently leads beyond the immanent (natural) realm to a transcendent (supernatural) one.

Further, exploring existential issues with patients can be fraught with ambiguities and potential pitfalls. There is often a fine line between communicating one's own beliefs and imposing them, and therapists have been justifiably wary of imposing their own religious or spiritual beliefs on their patients (e.g., Calhoun & Tedeschi, 1999; Decker, 1995). Defining the line that separates communication from imposition is particularly complicated in cases where therapists believe that patients' beliefs are inimical to their psychological health, for example, when patients believe that their traumatic experiences represent God's punishment or abandonment of them (Calhoun & Tedeschi, 1999; Pargament, 1997). Finally, before addressing patients' existential questions, it may be very beneficial to therapists to have addressed their own questions because confronting these questions can be as painful and unsettling to therapists as it is to patients (Yalom, 1980).

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